



PARENT INFANT PSYCHOTHERAPY DIPLOMA COURSE APPLICATION

Name:

Address:

.....

..... Post Code:

Email address:

Telephone:

To register for the Diploma Course please also enclose the following:

- Biographical Statement
- Your CV
- Passport-sized photographs
- Academic references
- Application fee

Please enclose a cheque for £50.00 made payable to the

School of Infant Mental Health

Post your application to:

School of Infant Mental Health, 27 Frognal, London NW3 6AR

Call or fax:

Telephone/Fax 0207-433 3112

Visit:

www.infantmentalhealth.com